. Agency Name						
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Managed Risk Medical Inst	urance Board					Form GO
Division, Department, or Reg	jion (if applicable)		2008 DEC 1	8 PM 3:38		For Official Use Only
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Street Address			•			•
1000 G Street, Room 450						
Area Code/Phone Number	E-mail			☐ Amendment	(explain in com	ment section)
916-327-8011	drushton@mi	rmib.ca.gov				12/3/08
Agency Contact (name and title	<del>3</del> )			Date of Original I	-IIIng:	onth, day, year)
Diana Rushton, Filing Offic	er					
. Donor Name and Addre	ess					
☐ Individual			🖂 Other	National Acade	emy for Sta	ate Health Policy
Last Name		First Name		т.	Name	0.4404
10 Free Street, 2nd Floor		Portland			1E ate	04101 Zip Code
Address	4	City		31	ale ,	th code
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If "Other" is marked, describe the entity						
If applicable, identify the name	of each source	and the amount(s) s	olicited or receiv	ed by the donor fo	r this gift:	
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Name	Q.	Amount		Name		Amount
Travel Payment Informati	OR (Round to whole	dollars) Location	of Travel Ta	mpa, FL		
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Sift to Agency Report	A Public	Document	RECEIVED	GIFT TO AGENCY REPORT	
. Agency Name		48 A O	FICESDETECTOR	California QQ4	
California Managed Risk Medical Insurance Board			11.77.4.74	Form OU	
Division, Department, or Region (if applicable)		2008 (	DEC 18 PM 3: 38	For Official Use Only	
Street Address					
1000 G Street, Suite 450, S	acramento, CA 95814				
Area Code/Phone Number	E-mail		Amendment (explain la	n comment section)	
916-327-8011	drushton@mrmib.ca.gov		, <u> </u>		
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)	
Diana Rushton, Filing Office	er			, , , , , ,	
. Donor Name and Addres	SS .				
☐ Individual		🔀 Other	The California Endov	vment	
Last Name	First Name	· <del>-</del>		Name	
1331 Garden Highway, Sui	te 220 Sacramento	<u> </u>	CA State	95833 Zip Code	
Address	City		ÇLAIE	Zip Code	
If "Other" is marked, describe the entity's	business activity (if business) or its nature an	nd interests.			
If applicable, identify the name	of each source and the amount(s) s	olicited or receive	ed by the donor for this a	ft:	
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4. Verification	** *** *** *** *** *** *** *** *** ***				
	ne interests of the agency to accept	this gift and use	it for the official agency b	usiness described above.	
Lanetto Loiser	Janette Lopez	Chie	ef Deputy Director	12/1/08	
Signature of Agency Hear or Design	nee Print Name		Title	(mbnth, day, year)	
Comment: (Use this space or a	n attachment for any additional informat	tion.)			